

Childbirth Education Registration Form

Name: _____ Date: _____

Support Person's Name: _____ Due Date: _____

Obstetrician: _____ Date of Class signing up for: _____

Daytime Phone: _____ Night time Phone: _____

- Payment must accompany registration form
- Make checks payable to Harrison Memorial Hospital (\$15 if delivering @ HMH, \$30 if not delivering @ HMH)
- Mail to: Harrison Memorial Hospital
Attn: OB Department
1210 KY HWY 36E
Cynthiana, KY 41031
- Or stop by the registration desk on 1st floor between the hours of 7-6 and pay the cashier
- Recommended you bring a pillow and wear comfortable clothes
- Class times are from 5pm – 9pm
- If you have additional questions, please call 859-235-3540

Official Use Only Date Registration and payment received:
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